The impact of brief CBT training on nursing; strengthening recovery beliefs and behaviours

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Presentation Overview

- Determinants of a recovery practice
- Reflections on current challenges for the nurse in working within our present day healthcare system and the impacts of these on our practice
- The Hauora project – outcomes and learning
- Benefits for nursing in adapting a cognitive behavioural model/focus within our practice
Determinate of a recovery-focused practice

- Holding an accurate understanding of the service user, their journey to date and how distress may present itself today based on a trauma-informed, client lead practice

- Seeking to develop a genuine relationship based on ‘mutuality’ (Slade, 2009)

- Being prepared to work alongside and therefore increase exposure to the person and their journey (Slade, 2009)

- Allowing the ability to learn from, be influenced, challenged and changed by the service user (Slade, 2009)

- Carrying an innate assumption the service user is or will be competent to manage their life and a belief that we as practitioners can bring along skills and knowledge to support this

- Being a mascot for hope and managing our own cognitive distortions in regards to ‘failure’, ‘non-compliance’, ‘revolving doors’ and other institutionally developed schemas

- Intrinsic job satisfaction, our own psychological wellbeing and work hope (Oades, Walker & Fisher, 2011)
MH Nursing – where are we at?

- Expanding nursing role – the demands to be more, do more, know more and provide more (expanding scopes and roles, advances in understanding and knowledge, new movements in MH)

- Pressure from the ever-shrinking healthcare dollar and the anxieties that this promotes as we look towards the future

- Recognition of movement away from our ‘core business’ as nursing becomes more driven by technology, risk aversion and reporting

- Out of the frying pans and into the fire? The impact of moving services out of the ‘bins’ and into ‘the community’ – continuation of custodial care with a medical focus (Mullen, 2009)

- The continual challenge to get nurses to recognise, value and seek out regular supervision and the impacts of this on stress and burnout (Edwards et al, 2001)

- Continuing struggles to be and feel valued alongside other health professions

- A reality that we as a profession and the wider health systems we work in are perhaps a way off from providing a trauma-informed, recovery-focused service to those who need us most
Burnout and compassion fatigue

- American study showed 21-67% of mental health workers were experiencing high levels of burnout

- Psychiatric nurses have appeared to show higher rates of burnout than other staff in other areas, including comparison within the mental health field (Caldwell, Gill, Fitzgerald, Sclafani, & Grandison, 2006; Pompili et al., 2006; Miller, Reesor, McCarrey & Leikin, 1995)

- Burnout affects quality of treatment provided and lowers moral

- Even considered a “work-related mental health impairment” (Awa et al, 2010, p 184)

- Burnout is considered a multifaceted phenomena including three dimensions (Maslach et al, 1993):
  - Emotional exhaustion – depleted, overextended & fatigued
  - Depersonalisation – negative and cynical attitudes towards service users and work in general
  - Reduced personal accomplishment – negative self-evaluation of ones work with service users or overall job effectiveness
A cognitive behavioural model of hopelessness in nursing

“Here we go again”
“This person doesn’t want to change”
“I’ve tried and failed to help”
“What is the point?”

Systemic blaming
Ever-changing priorities/pressures
Reducing resources
Risk averse, policy driven institutionalism

Avoidance/withdrawal
Blaming
Attacking
Punishing
Defensiveness

Tension
Lethargy
Fight/flight sx
Somatic presentations

Hopelessness
Anger
Frustration
Anxiety
Guilt
We are predominantly in a unique position to engage in a relationship with service users that spans across time and the continuum of the service user’s journey of recovery.

We are presented with multiple opportunities to assess, support and intervene along this journey in ways that most other health care professionals are not privy to.

We make up a large number within the mental health care workforce.

We are in a unique position to walk between the two worlds of the medical model and a psychological approach, perhaps with hands on experience in one and eager interest in the other.

We want to utilise and see the value in talking therapies (Fisher, 2011).

We are obtaining good results in our use of CBT with service users (Durham et.al.2003; Chan & Leung, 2002; Poole & Grant, 2005; Turkington et al., 2006).
Major components of the Hauora project
(Elders & Stewart, 2009)

- Four day *training programme* for nursing staff within Counties Manukau DHB’s inpatient service (Tiaho Mai) incorporating:
  - Tikanga in practice
  - Importance of occupation in recovery
  - Introducing the Consumer perspective
  - Various integral basic psychological theories (attachment, trauma)
  - Self reflection and use of Cognitive Behavioural Model in this

- 1:1 structured, formulation-driven pieces of *individual work*

- Monthly group *supervision* for all trainees

- *Research project* – *staff survey looking at recovery beliefs and behaviours*
Aims of our project

- ‘Embed’ cognitive behavioural interventions into inpatient care
- Increase the amount of nurse time spent with clients
- Enhance clinician empathy and understanding
- Enhance collaborative relationship (mutuality)
- Transfer of recovery-focused skills and attitudes into practice
- Deliver an intervention adaptable for Maori other cultural groups
- Enhance clinician confidence and job satisfaction
- Provide supportive supervision for nurses
- Undertake informative research to contribute to nursing and MH
Results

The following quantitative results however showed significant $p$ values:

- In comparison to the ‘no training’ group, participants who had received training in a talking therapy (CBI or other) reported:
  - a higher level of belief that clients can recover
  - spending more ‘informal time’ with clients
  - spending less time administering/dispensing medication
  - a lower rating of importance of administration tasks as a nursing activity
  - higher levels of confidence in utilising talking therapy skills

- Qualitative results showed that participants who had attended the CBI training were more likely to make comments regarding beliefs that:
  - talking therapy tasks make the most difference to client recovery
  - learning further talking therapy skills would make the most difference in their ability to help clients recover
A cognitive behavioural model of hopefulness in nursing

“Here is another opportunity to support this person to recover”
“What do I need to learn in order to support them?”
“What can I do to help”

Systemic cohesion
Reducing pressure, SU prioritied
Freeing up/rechannelling of resources
Individualism, freedom, growth

Making meaning
Fostering engagement
Empowering action
Empathic approach
Collaborative guidance

Hopefulness
Compassion
Care

Mental clarity
Equilibrium
Physical containment
How can CBT protect nurses and enhance our future practice?

- Increasing a sense
  - autonomy
  - empowerment
  - pride and professional self esteem
  - Passion for what we do and compassion for whom we do it with

- Reducing
  - Burnout and compassion fatigue
  - Service user blaming
  - Punitive, traumatising behaviours including seclusion and restraint

- Enhancing
  - Outcomes for service users
  - Outcomes for ourselves and our profession into the future
My ongoing, unanswered questions

- How would the mental health of a country be affected if all mental health nurses were able to receive training, supervision and offer talking therapies as part of their routine practice?

- How would this affect health outcomes and the lived experience of individual service users?

- How might this impact on the wider socio-economic climate of a country like New Zealand?

- How could this impact on the nursing profession and its own journey into the future?
References


- Maguire, N., Grellier, B. & Clayton, K. (?) The impact of CBT training and supervision on burnout, confidence and negative beliefs in a staff group working with homeless people.


